## M17000006587

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Commed doples                           |
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| Special Instructions to Filing Officer: |
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| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: KIRIN JADE, LLC   | e of Limited Liability Company   |
| DOCUMENT NUMBER: M17000006   | • • •  |
|  | Agent for a Limited Liability Company and fee are submitted  |
| Please return all correspondence concern   | ning this matter to the following:   |
| Leticia Herrera  |  |
| Name of Person   |  |
| PARACORP INCORPORATED  |  |
| Name of Firm/Company   | <del>y</del>   |
| 2804 GATEWAY OAKS DRIVE #100   | 0  |
| Address  | <del></del>  |
| SACRAMENTO, CA 95833   |  |
| City/State and Zip Code  | 9  |
| lburleson@myparacorp.com   |  |
| E-mail address: (to be used for future annu-   | al report notification)  |
| For further information concerning this r  | natter, please call:   |
| Leticia Herrera  | 888 272-3725   |
| Name of Person   | at () Area Code Daytime Telephone Number   |
| Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company. | Florida Department of State for \$85.00 for an active limited instratively dissolved, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS:   | STREET ADDRESS:  |
| Registration Section   | Registration Section   |
| Division of Corporations   | Division of Corporations   |
| P.O. Box 6327  | Clifton Building   |
| Tallahassee, FL 32314  | 2661 Executive Center Circle<br>Tallahassee, FL 32301  |

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision                       | ns of section 605.011     | 5, Florida Statutes, the unders   | signed.                         |             |             |       |
|---|---------------------------|---|---------------------------------|-------------|-------------|-------|
| PARACORP INCORPORATED  Name of Registered Agent |                           |   | , hereby resigns as             |             |             |       |
|   |                           |   |                                 |             |             |       |
| Registered Agent for K                          | IRIN JADE, LLC            |   |                                 |             |             |       |
|   |                           |   |                                 |             |             |       |
|   | Name of Lin               | ited Liability Company  |                                 |             |             |       |
| M17000006587                                    |                           |   |                                 |             |             |       |
| Document Nu                                     | mber, if known            |   |                                 |             |             |       |
| A copy of this resignation                      | on was mailed to the a    | above listed limited liability co   | ompany at its last kn           | own addre   | SS.         |       |
| The agency is terminated                        | d and the office disco    | ntinued on the 31st day after   | the date on which th            | is statemen | ıt is file  | ed.   |
|   |                           |   |                                 |             |             |       |
|   |                           | Signature of Resigning Agent  |                                 |             |             |       |
| If signing on behalf of a                       | n entity:                 |   |                                 |             |             |       |
|   | Jody Moua                 |   |                                 |             |             |       |
|   | Typed or Printed Name     |   | <del></del>                     | - n<br>11 1 | 202         |       |
|   | ASST. SECRETA             | RY FOR PARACORP INC   | ORPORATED                       | 1-3         | <u>ن</u> ٽ  |       |
|   |                           | Capacity  |                                 | <i>i</i> .  | 2023 F.J. T | • (   |
|   |                           |   |                                 |             | <u>-</u> -  |       |
|   |                           |   |                                 | , ,         |             | 3 : T |
|   | <u>FILING</u><br>\$ 85.00 | FEES:   | nnany                           | 14.5        | PH -:       |       |
|   | \$ 25.00                  | Active limited liability con<br>Administratively dissolved<br>withdrawn limited liability | /voluntarily dissolv<br>company | ved/,`      | : 0:        | _     |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314